

OFFICIAL FILE

ILLINOIS COMMERCE COMMISSION

ORIGINAL

Amended

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____

ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

Global Internet Services Inc.

Application for a certificate of
(local or interexchange) authority
to operate as a (reseller or facilities
based carrier) of telecommunications
services in (list specific area) in the
State of Illinois.

06-0064

CHIEF CLERK'S OFFICE

2006 MAR -6 P 1:10

ILLINOIS
COMMERCE COMMISSION

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN# **20-3603696**

Global Internet Services Inc.

Address: Street: **195 North Brevard Ave Suite E**

City **Cocoa Beach** State/Zip **FL 32931**

2. Authority Requested: (Mark all that apply) _____ 13-403 Facilities Based Interexchange

☒ 13-404 Resale of Local and/or **Interexchange**

_____ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone
Directories for Local Exchange Telecommunications
Carriers in the State of Illinois

_____ Section 735.180 Directories

____ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5. In what area of the state does the Applicant propose to provide service?

The entire State of Illinois.

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application Chris Bates
- b) consumer issues Chris Bates
- c) customer complaint resolution Chris Bates
- d) technical and service quality issues Chris Bates
- e) "tariff" and pricing issues N/A
- f) 9-1-1 issues N/A
- g) security/law enforcement N/A

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

____ Individual X Corporation
____ Partnership Date corporation was formed: August 3rd 1998
 In what state? Illinois
____ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

9. List jurisdictions in which Applicant is offering service(s). N/A

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

____ YES (Please provide details) X NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

____ YES X NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES ☒ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ☒ YES ____ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

15. List officers of Applicant.

Donald Winton

Christine L Bates

Kenneth R Bates

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ☒ YES ____ NO

If YES, list entity. Don Winton is an owner of Global Teldata Inc. which is a CLEC Incorporated in Illinois, offering local/Long distance telephone service to residents in LATA 358. located @ 4700 N. Ravenswood Chicago IL. 60640 (773) 878-3161.

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Monthly billing included in the Local Carriers Billing as well as Monthly direct billing where unable to provide LEC billing.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Most issues are handled during initial contact or notification with follow-up within 24 hours where research is required to resolve issues with a resolution acceptable to both parties.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ____ NO

20. What telephone number(s) would a customer use to contact your company?

Toll Free: 1-888-611-0999

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ____ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

**Strict Third Party Verification, Management Monitoring and Quality Control Call Back
Immediate Termination for any individual misrepresenting services.**

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

N/A

 YES NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

 X YES NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. **Please see balance sheet attached**

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? YES X NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Qwest Communications Inc. Grove Line

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

**Long Distance Inter state Intra State Intra LATA and International We will not provide or bill for
Pre-Paid calling cards, toll-free calling, local services, directory assistance or 911 service.**

28. Will technical personnel be available at all times to assist customers with service problems?

 X YES NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? N/A YES NO

(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Florida)

)ss

County of Brevard)

Christine L. Bates makes oath and says that she is **Secretary**

(Insert here the name of affiant)

(Insert the official title of the affiant)

of **Global Internet Services Inc.**

(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Christine L. Bates

(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Susan Harris
(Title of person authorized to administer oaths)

in the State and County above named, this 1st day of March, 2006

Susan Harris

(Signature of person authorized to administer oath)

